

Entered -03-27-01 - sb
CL 01L0192 - GWENDOLYN BURNS

01-C-1211

CLAIM OF: WENDY PARKER GOETZ
211 Colonial Homes Dr, #1309
Atlanta, Georgia 30309

For vehicular damages alleged to have been sustained from a
construction cut that was left open and in an unsafe condition on
January 30, 2001 at Peachtree Road, NE & Peachtree Battle, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

C-57

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0192

Date: July 12, 2001

Claimant /Victim WENDY PARKER GOETZ
 BY: (Atty) (Ins. Co.) _____
 Address: 211 Colonial Homes Drive, #1309, Atlanta, Georgia 30309
 Subrogation: _____ Claim for Property damage \$ 647.80 Bodily Injury \$ _____
 Date of Notice: 3/16/01 Method: Written, Proper X Improper _____
 Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
 Date of Occurrence 1/30/01 Place: Peachtree Road, NE & Peachtree Battle, NE
 Department _____ Division _____
 Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when she drove through a construction site in the roadway that was left open and in an unsafe condition. An investigation determined that Atlanta Gas Light Company performed work at the incident location. The utility company has accepted liability for the damages and is currently resolving the claim.

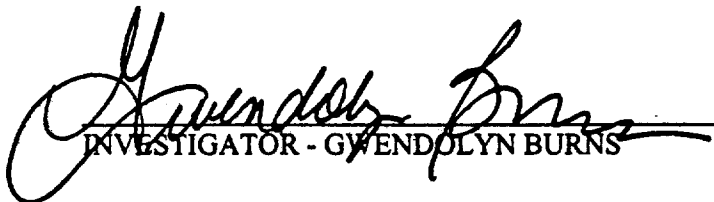
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others X Written _____ Oral _____
 Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
 Traffic citations issued: City Driver _____ Claimant Driver _____
 Citation disposition: City Driver _____ Claimant Driver _____

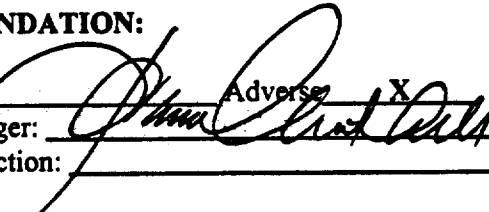
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
 Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
 City not involved X Offer rejected _____ Compromise settlement _____
 Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
 Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


 INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
 Claims Manager:  Concur/date 07-17-01
 Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3/13/01 *PM*

BURNS
03/27/01

MAR 16 2001

ENTERED - 3-27-01 - SR
01L0192 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 577.80 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 1/30/01 (month/day/ year)
2. Time of Incident: 9:15 pm
3. Police called: Yes ☒ No ☐
4. Location of incident (including street address): Intersection of Peachtree Rd. & Peachtree Battle
5. Name of your insurance company: West American Insurance Co. Policy No. FWA 25341012
6. State what and how incident occurred: While driving Southbound on Peachtree Rd, a roughly 3 1/2 ft. wide strip of pavement that was removed for some type of construction caused a severe drop. Driving through this road construction bent both front rims.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: SAAB 900 SE (Make) 1995 (Year) 612TKG (Tag Number) Wendy Goetz (Driver's Name)
City vehicle: _____ (Make) _____ (City Driver's Name) _____ (Department/Bureau) (UC)
9. Witness: Jared Goetz (Name) 211 Colonial Homes Dr #1309 ATL, GA 30309 (Address) 404 447 9339 (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Wendy Parker Goetz
Signature of Claimant

Wendy Parker Goetz
(Print Claimant's Name)
211 Colonial Homes Dr., #1309
(Address)
Atlanta, GA 30309
(City, State and Zip Code)
404-504-6750 404-603-94
(Work Number) (Home Number)

01-R-1211